

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07046

1. Entity Name

SYSTEMATIC MANAGEMENT, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90085 015 ***150.00

Principal Place of Business

Mailing Address

~~455 GROVE ISLE CR.~~ **334 GROVE ISLE CIRCLE**
VERO BEACH FL 32962

~~455 GROVE ISLE CR.~~
VERO BEACH FL 32962-8521

2. Principal Place of Business

334 GROVE ISLE CIR

Suite, Apt. #, etc.

3. Mailing Address

334 GROVE ISLE CIR

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

65-0018850

Applied For

Not Applicable

Zip **32962**
FL

Country

INDIAN RIVER

Zip

32962

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOHN E.
455 GROVE ISLE CR.
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name

JOHN E. MORGAN

Street Address (P.O. Box Number is Not Acceptable)

334 GROVE ISLE CIRCLE

City

VERO BEACH

FL

Zip Code

32962

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MORGAN, SAUNDRA JOSLIN	
STREET ADDRESS	455 GROVE ISLE CR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MORGAN, JOHN EDWARD	
STREET ADDRESS	455 GROVE ISLE CR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	334 GROVE ISLE CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	334 GROVE ISLE CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAUNDRA S. MORGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000 561/569-8011
Date Daytime Phone #

CR2E034 (9/99)